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## **A systematic review of midwife-led interventions to address post partum post-traumatic stress**

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# Midwife-Led Interventions To Address Postpartum Post-Traumatic Stress: A Systematic Review

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## Aim

- To systematically identify interventions that midwives could introduce to address post-traumatic stress in women following childbirth.

## Background

- Childbirth is generally viewed as a positive, life-changing event for women and their families.
- However, this period of time may be one of critical psychological adjustment for women and precipitate the development of mental health problems.
- PTSD can occur as the result of a birth perceived as traumatic and may impact on women's ability to cope and parent effectively in the postnatal period.
- Manifestations of PTSD exhibited in the wake of traumatic childbirth are similar to those shown after PTSD in the general population, but may also be more specific. They may include hinderance of breastfeeding, fear of future childbearing, dysfunctional mother-infant attachment, and sexual avoidance.

## Method

- A comprehensive search strategy was designed and applied to a number of electronic bibliographic databases using a pre-defined combination of identified search terms.
- Inclusion Criteria
  - Focus on therapeutic interventions that could be implemented by a midwife in the postpartum period for prevention or management of post-traumatic stress and/or PTSD
  - Published between 2002–2012, in English
- Exclusion Criteria
  - Research with samples consisting exclusively of mothers who had adverse experiences including miscarriages, stillbirths, premature births or infant's admitted to special care
  - Research regarding antenatal or intrapartum interventions, or perinatal interventions with an antenatal component
  - Research with a primary focus on postpartum depression, general anxiety/stress, or parental stress
  - Focus on interventions beyond the scope of midwifery practice
- For primary research RCTs, controlled clinical trials and cohort studies with a control group were considered for inclusion. For secondary research, potentially eligible reviews were those that had a specified search strategy and eligibility criteria.
- The methodological quality of original research and reviews was evaluated to assess the risk of bias in individual studies. Primary research studies were evaluated using the levels of evidence framework developed by Scottish Intercollegiate Guidelines Network (SIGN) (2008) and scored between 1++ and 2-. The methodological quality of the eligible reviews was assessed using a method developed by Smith et al. (2011), categorising reviews as low, medium, or high quality.

## Findings

- The systematic literature search identified a total of 21,374 papers. A total of 14 papers, comprising of six primary research studies and eight reviews were included in this systematic review.
- **Original Research** - Five RCTs and one quasi-experimental study evaluated the effects of debriefing or counselling interventions on PTSD outcomes. Methodology varied greatly between studies with differences in intervention strategies, sample sizes, inclusion criteria, number of sessions offered, and length of follow up. Midwives, some with specialist training, facilitated the sessions in all studies. The findings of the included original research papers showed varying effects on PTSD measures.

Authors	Type of intervention	Relevant Results
Priest et al. (2003) Stress debriefing after childbirth: a randomised controlled trial	Single one-to-one debriefing session within 72hrs of birth	No significant effect on PTSD outcomes
Kershaw et al. (2005) Randomised controlled trial of community debriefing following operative delivery	Two one-to-one debriefing sessions at 10 days and 10 weeks postpartum	No significant effect on PTSD outcomes
Gamble et al. (2005) Effectiveness of a counselling intervention after a traumatic childbirth: a randomized controlled trial	Two one-to-one counselling sessions with elements of critical incident stress debriefing within 72 hours of birth and at 4-6 weeks postpartum	Women in the counselling group had significantly lower PTSD total symptoms scores at the 3-month follow-up than those in the control group
Meades et al. (2011) Postnatal debriefing: Have we thrown the baby out with the bath water?	Single one-to-one debriefing session held between 1.3-72 months postpartum	Women in the debriefing group had a significantly greater reduction in overall PTSD symptoms at one month post-intervention than those in the comparison group
Selkirk et al. (2006) The longitudinal effects of midwife-led postnatal debriefing on the psychological health of mothers	Single one-to-one debriefing session held on the second or third day postpartum	Possibility that debriefing had an adverse influence on PTSD outcomes in a subset of women who had experienced more medical intervention during childbirth
Ryding et al. (2004) Group counseling for mothers after emergency cesarean section: A randomized controlled trial of intervention	Two counselling sessions in small groups with 2-3 weeks between sessions	A positive, but non-statistically significant trend towards improvement, with a tendency towards lower levels of post-traumatic stress symptoms in the experimental group

- **Reviews** - The eight included reviews concluded there was insufficient evidence to suggest debriefing reduces psychological morbidity, and that timing and construction of debriefing are important influencing factors on effectiveness.

## Conclusion

- No identified intervention can be definitively recommended for use in midwifery practice settings.
- Eligible literature is limited by poor quality and significant methodological heterogeneity that prevents a comprehensive synthesis.
- The role of the midwife should be to provide mothers with opportunities to discuss their birth experience, if and when they desire, providing an outlet for expression of feelings in a non-judgemental and safe environment to an experienced and empathic listener, whilst recognising this is not a formal debriefing intervention. Midwives should also act as 'care co-ordinators' for women, working effectively within a support network which includes other health professionals and agencies, to provide both continuity of care and communication links that will ensure the mother's well-being.

## References

- Scottish Intercollegiate Guidelines Network (SIGN) (2008) *SIGN 50: A Guideline Developer's Handbook*, Edinburgh: Scottish Intercollegiate Guidelines Network.
- Smith, V., Devane, D., Begley, C. & Clarke, M. (2011) 'Methodology in conducting a systematic review of systematic reviews of healthcare interventions', *BMC Medical Research Methodology*, 11(1), 15.
- For full details of this research see: Borg Cunen, N., McNeill, J., Murray, K. (2014) 'A systematic review of midwife-led interventions to address post partum post-traumatic stress', *Midwifery*, 30(2), 170-184.

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